CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Certification and Professional Development P.O. Box 150471 Hartford, Connecticut 06115-0471 Fax: (860) 713-7017

Request for Applications, Fact Sheets, Regulations and Guides #127

Please fax or mail this form to request additional information about certification in Connecticut.

NAME: _____

Statement of Successful Professional Experience

Request for Applications, Fact Sheets,

Regulations, and Guides

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ADDRESS:

| CODE | TOPIC | (Fact Sheets) | CODE | (Booklets/Guides) |
|------|--|---|-------------|---|
| 100 | Administrat | ive Certificates | 130 | A Guide to Educator Certification in Connecticut |
| 101 | Adult Education Certification | | 131 | A Guide to Educator Assessments in Connecticut |
| 102 | Alternate Route to Certification | | 132 | A Guide to Educator Preparation Programs in Connecticut |
| 103 | Applicants for First-Time Certification | | | |
| 104 | Bilingual Education | | | |
| 105 | Coaching | | | APPLICATIONS : Place check mark $()$ next to |
| 106 | CT Certification for Out-of-State Applicants | | | application requested: |
| 107 | Continuing Education Units (CEUs) | | | |
| 108 | Cross Endorsements Fifth Reissuance of Initial Educator Certificate Foreign Credentials for Connecticut Certificatio | | | ED 170 Application for Certificate for Teachers, |
| 111 | Fifth Reissuance of Initial Educator Certificate Foreign Credentials for Connecticut Certificatio | | | Administrators or Special Services |
| 112 | | | | ED 170A Short Form Application (for colleges only) |
| 113 | Interactive Voice Response (IVR) System | | | ED 172 Temporary 90-Day Certificate |
| 115 | Northeast Regional Credential | | | ED 172A Initial Educator After a Temporary 90-Day |
| 116 | Provisional Teaching Certificate | | | Certificate |
| 117 | Reissuance | suance of Connecticut Certificates | | ED 173 Temporary Authorization for Minor Assignment |
| 120 | Speech Patholo | vices Certificates (School Social Worker, gist, School Counselor, School Psychologist, eacher, School Dental Hygienist-Teacher) | | ED 174 Waiver Request for Substitute Authorization ED 175 Application for Extension of Substitute Authorization beyond the 40-Day Limit |
| 121 | Substitute T | Ceacher Authorization | | ED 176A Request for Conversion of Standard or |
| 122 | Teaching E | nglish to Speakers of Other | | Permanent Certificates |
| | Languages | | | ED 177 Durational Shortage Area Permit Request |
| 123 | (TESOL) | | | |
| | Types of Ce | | | |
| 124 | Vocational | Education | | ED 178 Employing Agent's Request for Deferral of |
| | | | | Certification Requirements for Bilingual Educato |
| | | | | ED 179 Request for Continuation of Professional |
| | | | | Educator Certificate |
| | | | | ED 183 Renewal of Initial Educator Certificate |
| | FORMS | | | ED 184 Removal of Course Work Deficiency |
| 125 | FORMS: | f December 1 High a D 1 - C | | ED 185 Application for Permanent Coaching Permit |
| 125 | | f Preparing Higher Education | | ED 186 Application for Issuance or Renewal of |
| | Instituti | OII | | Temporary Emergency Coaching Permit |

__ ED 187 Request for Duplicate Certificate

____ ED 192 Praxis I Waiver Application

____ ED 188 Nonrenewable Adult Educator Authorization

| stings: | |
|--|--|
| Superintendents of Schools | Approved Nonpublic Schools |
| Approved Course Work for | Approved Courses for Connecticut |
| Elementary Education Cross Endorsement | Special Education Requirement |
| | Approved Courses for Drug Prevention |
| Approved Courses for Cross Endorsement in TESOL | for Cross Endorsement to Health |
| | Approved Course Work for Middle Grades |
| Approved Courses for Group Facilita- tation for Cross Endorsement to Health | Cross Endorsement |
| | Approved Survey Courses in U. S. History |
| Approved Course List for Coaching Permit | for a Planned Program |
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| uestions: | |
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Please fax or mail this form to:

Fax # (860) 713-7017 or

Mailing Address:

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